

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 577057

FILING DATE

4.24.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1	3				
5		3				
6		3				
7	1					
8	1					
9		2				
10		2				
11	1					
12	2					
13	1					
14						
15	1					
16		3				
17		3				
18		3				
19	1					
20	1					
21	2					
22	2					
23	1					
24	2					
25						
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48						
49						
50						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	32	↔		↔		↔
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						